STATE OF HAWAI'I DEPARTMENT OF LAND AND NATURAL RESOURCES ISLAND BURIAL COUNCIL CANDIDATE APPLICATION FORM

Complete the following application in order to be considered for a seat on an Island Burial Council and submit the application with appropriate support information attached to:

State Historic Preservation Division 601 Kamokila Boulevard, Room 555 Kapolei, Hawai'i 96707

Tel: (808) 692-8015 € Fax: (808) 692-8020

Name	Date of Application					
Email Address	Island of Residence					
Home Mailing Address	Home Phone / Cell Phone / Facsimile					
Business Mailing Address	Business Phone / Facsimile					
Place of Birth	Years Living in Hawai'i					
Please list Hawaiian Organizations that you have been affiliated with, if any:						
Are you presently serving on another State Board or Commission? Yes No If yes, when does the term of service on the State Board or Commission end?						
2. Indicate which island burial council you are applying for:						
Hawaiʻi Maui/L_naʻi Molokai Oʻahu	ı Kauaʻi/Niʻihau					
3. Indicate which type of seat on the island burial council you are applying for:						
a) Regional Representative b) Large Property Owner						

FOR REGIONAL REPRESENTATIVE APPLICANTS:

Please (circle	the	geographic	region	you wish	to I	represent:	
			0 0 1		,			

Hawai'i:	Kohala	Kona	Ka'u	Puna	Hilo	Hamakua	
Maui:	Lahaina	Wailuku	Makawao	1			
Lana'i							
Molokai	i: West Molokai Central M		Molokai	East M	lolokai	Kalawao	
O'ahu:	Wai'anae Ewa		Ewa Kona		upoko	Ko'olauloa	Waialua
Kaua'i:	Waimea	Koloa	Lihue	Kawai	nau	Hanalei	Na Pali
Ni'ihau							
Hawaii ancest 3) In a burial of the second	an burial belied ral remains and written statem council as a required part of the part of	fs and practed burial objection of the desired objection objection of the desired objection obje	tices relating ects. ed to this appearative. APPLICAN of address of elarge properties.	g to the capplication, ITS: of the largory	indicate t	rotection of Nativ he reasons you v	nd understanding of re Hawaiian burial sites, wish to serve on the island whom you wish to prizing your representation
Large F	roperty Owne	r	i	Mailing Ad	ddress		Telephone
Contact	Person		<u> </u>	Email Ado	lress		Facsimile
a) Are y	ou currently er	mployed by	the large pr	operty ov	ner? Ye	s No	
	xplain how you						fied to represent the
,	written staten ts of the devel		•	•	•	ow you are quair	fied to represent the
	written statem council, as a la					he reasons you v	wish to serve on the island
APPI I	CANT'S SIGN	ATURE				DATE	<u> </u>